

EXHIBIT 110

**IN THE UNITED STATES DISTRICT COURT
FOR THE EASTERN DISTRICT OF NEW YORK**

STATE OF NEW YORK, *et. al.*,

Plaintiffs,

v.

DONALD TRUMP, *et. al.*,

Defendants.

No. 1:17-CV-5228

DECLARATION OF CLAUDIA SCHLOSBERG

Pursuant to 28 U.S.C. § 1746(2), I, Claudia Schlosberg hereby declare as follows:

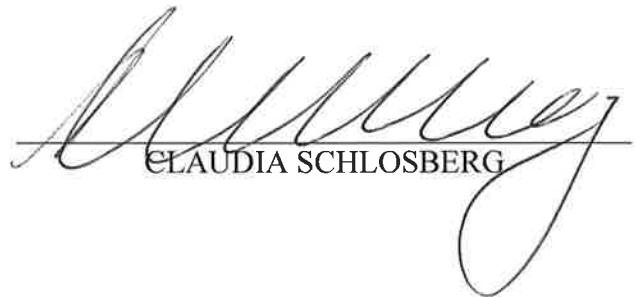
1. I am over the age of 18 and competent to testify herein.
2. I am employed as the Senior Deputy Director/State Medicaid Director with the District of Columbia (District) Department of Health Care Finance (DHCF). I have held my position since May of 2015.
3. DHCF is the Single State Medicaid agency for the District, and is also responsible for administering other District health insurance and public benefit programs.
4. One benefit program administered by DHCF is the D.C. HealthCare Alliance. *See* D.C. Code § 7-771.07(2).
5. The D.C. HealthCare Alliance provides certain baseline health insurance benefits, and is generally available to residents of the District who are not eligible for Medicaid and who live in households with income below 200% of the Federal Poverty Level and have countable resources less than \$4000. *See generally* 22-B District of Columbia Municipal Regulations (DCMR) 3304.

6. The D.C. HealthCare Alliance is paid for entirely with District tax revenues.
7. The estimated average cost for DHCF to deliver D.C. HealthCare Alliance benefits to an individual is Three Hundred Fifty-Three Dollars and Seventy-Five Cents (\$353.75) per month for Fiscal Year 2018, according to DHCF's Agency Fiscal Officer.
8. District residents currently participating in the Deferred Action on Childhood Arrivals (DACA) program are allowed to work legally, and so can either procure health insurance through an employer, or earn money to purchase private health insurance.
9. Terminating the DACA program could cause any District residents who are DACA recipients, and who, when unemployed, meet the criteria for the D.C. HealthCare Alliance, to fall back onto that insurance program of last resort.
10. Pushing these individuals into the D.C. HealthCare Alliance could force the District to spend additional money on that program and harm District finances, as well as preventing the District from spending the money on other priorities.
11. I have been told that information from the Department of Homeland Security indicates that there are about 800 individuals in the District participating in DACA in 2017.
12. If all of those 800 individuals became new enrollees in the D.C. HealthCare Alliance as a result of DACA being terminated it could cost the District an additional Two Hundred Eighty-Three Thousand Dollars (\$283,000.00) per month in Fiscal Year 2018.

I declare under penalty of perjury that the foregoing is true and correct.

Executed on:

9/26/17


CLAUDIA SCHLOSBERG